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|--|------------------------|-----------------------|
| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 10/521,037 |
| | Filing Date | 01/10/2005 |
| | First Named Inventor | JEAN-MARC WIEDERRECHT |
| | Art Unit | 3682 |
| | Examiner Name | BOES, TERENCE |
| | Attorney Docket Number | 40045-22 US |

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 0000 44443

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 044443

OR

| | | | | | |
|--|---|-------|-----------------------|-----|------------|
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---|-----------|-----------------|
| Signature |  | | |
| Name | Jean-Marc Wiederrecht | | |
| Date | 29 MAR 2007 | Telephone | +1 22 757 10 11 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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